L :								
	Application Number	10/016,669						
REQUEST FOR WITHDRAWAL	Filing Date	12/10/01						
AS ATTORNEY OR AGENT	First Named Inventor	David J. McNally						
(3 pm :	Group Art Unit							
	Examiner Name							
MAN DE STATE OF THE STATE OF TH	Attorney Docket Number	0205.ZEVX,CN						
To: Commissioner for Patents	,	MAY 0 9 2003						
P.O. Box 1450								
Alexandria, VA 22313-1450		ECHNOLOGY CENTER						
Alexandria, VA 22313-1450  We hereby apply to withdraw as attorney or agent for the above identified patent application.								

Name

Date

Signature

Frank W. Compagni

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

The reasons for this request are:

## **Applicant's Request**

1.	1.   The correspondence address is NOT affected by this withdrawal.								
2.		Change the correspondence address and direct all future correspondence to :							
CORRESPONDENCE ADDRESS									
	Customer Number		•						
OR	_	Place Customer Number Bar Code Label Here							
⊠	Firm or Individual Name	Randall B. Bateman							
Add	lress	P.O. BOX 1319							
Address									
City	,	SALT LAKE CITY	State	UT APPRO	Zip Code	84110-1319			
Cou	untry	USA State Of APPROVED  USA JOHN E KITTLE							
Tele	ephone		PECHNO	DIRECTOR LOGY CENTER					
×	<ul><li>☐ This request is made on behalf of:</li><li>☐ all the attorneys/agents of record,</li></ul>			PECHNOLOGY CENTER 3700 & 2900  5/16/200 3					
	☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
☐ The attorneys/agents associated with Customer Number									
This	This request is enclosed in triplicate (including any attachments).								